

Division of Disease Control 600 East Boulevard Ave. Dept. 301 Bismarck, ND 58505-0200

Telephone: 800.472.2180 or 701.328.3386

Fax: 701.328.2499

Request for Vaccine		Completed by Provider		Completed by NDDoH	
Vaccine Type	Unit Size	Doses Ordered	Doses on Hand	Doses Shipped	Lot Number Shipped
DTaP	10				
(For children $\leq 6$ years of age)					
DTaP/HepB/IPV (Pediarix <sup>TM</sup> ) <b>syringes</b>	5				
DTaP/HepB/IPV (Pediarix <sup>TM</sup> ) <b>vials</b>	10				
Hepatitis A	10				
Hepatitis B	10				
Hib	10				
IPV	10				
Meningococcal Conjugate Vaccine (MCV-4) (VFC Only)	5				
MMR	10				
MMRV(shipped directly from manufacturer)	10				
PCV-7 (Prevnar®)	10				
Pneumococcal Polysaccharide (for ages 2+)	5				
Rotavirus (for ages 6 weeks – 32 weeks)	10				
Tdap (tetanus, diphtheria and pertussis) (For adolescents 10 – 18 years of age)	5				
Varicella (shipped directly from manufacturer)	10				
HBIG*	1				
Td (adult)**	10				
Hepatitis B TIP-LOK® pre-filled syringes***	5				
DT (pediatric)****	10				
Influenza****					

\*Available to hospitals for peri-natal use only.

\*\*Available for use in children (≥ 7 years) who have not completed the primary series of DTaP.

\*\*\*Available to public health units only, needles not included.

\*\*\*\*Contact ND Immunization Program at 800.472.2180. Order must be pre-approved over the phone.

\*\*\*\*\*Seasonal, use separate Influenza Order Form.

- 1. Please limit vaccine orders to a **2-month supply**
- 3. Allow up to 2 weeks for delivery
- 4. Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (weather permitting)
- 5. Orders will not be filled until the NDDoH has received a Vaccine Administration Monthly Report

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

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Facility:		
Attn:		
Address:		
City:	State:	Zip Code:
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**Request for Materials** 

Request for Waterials				
Item	Quantity	Item	Quantity	
CDC Vaccine Information Statements		Brochures		
Chickenpox Vaccine		A Guide to Vaccine-Preventable Diseases in Adults		
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccines		A Parent's Guide to Vaccine-Preventable Diseases in Children		
Haemophilus influenzae type B (Hib) Vaccine		Think About Protecting Your Teen This Fall (meningococcal brochure)		
Hepatitis A Vaccines		Parents Guide to Childhood Immunization (Currently Unavailable)		
		Prevent Hepatitis B: Get Vaccinated!		
Hepatitis B Vaccines		Questions parents ask about baby shots	1	
Meningococcal Vaccine		What parents and caregivers need to know about pertussis		
MMR Vaccine		State Forms		
Pneumococcal Conjugate Vaccine		Adult Immunization Cards		
Pneumococcal Polysaccharide Vaccine		Certificate of Immunization (SFN 16038)	1	
Polio Vaccine		Official Document of Immunization (SFN 13895) (Currently Unavailable)		
Rotavirus Vaccine		, , , , , , , , , , , , , , , , , , , ,		
Tetanus and Diphtheria Vaccine (Td)		Request for Vaccine/Materials (SFN 13800)		
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)		Temperature Log (Fahrenheit) (SFN 53775)		
Camera-ready copy: (please circle)  Inactivated Influenza   Live Attenuated Influenza		Temperature Log (Fahrenheit and Celsius) (SFN 53775)		
Rabies Typhoid Yellow Fever				
Miscellaneous		Temperature Log (Celsius) (SFN 53775)		
After the Shots What to do if your child has discomfort		Vaccine Administration Monthly Report (SFN 53774)		
Chickenpox Fact Sheet		Vaccine Administration Record (SFN 18385)		
•		□ 2 Part □ 3 Part		
Guide to Contraindications to Childhood		Vaccine Administration Record (Series)		
Vaccinations (Currently Unavailable)		(SFN 50922)		
Health Record Folder with inserts		Vaccine Transfer Form (SFN 53766)		
Health Record Folder without inserts		Vaccine Return Form (SFN 53767)		
Immunizations for Babies (A Guide for Parents)				
Pertussis Fact Sheet				
Recommended Adult Immunization Schedule				
Recommended Childhood Immunization Schedule				
Vaccinations for Adults				
You're NEVER too old to get shots!				
Vaccine Adverse Events Reporting Form (VAERS)				

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

SFN 13800 (Rev. 05/06)

## Send To:

Facility:		
Attn:		
Address:		
City:	State:	Zip Code: